

## **EXHIBIT G**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Venustas  
405 Lexington  
25fl.  
NY, NY 10174

**2. Article Number**

(Transfer from service label)

7003 1010 0001 0399 9416

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**
☒ *Karina L. Garcia*
☐ Agent☐ Addressee**B. Received by (Printed Name)***Karina L. Garcia***C. Date of Delivery***4/18/07***D. Is delivery address different from item 1?**☐ Yes

If YES, enter delivery address below:

☐ No**3. Service Type**☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.**4. Restricted Delivery? (Extra Fee)**☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540